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OCT 12 2005

Attorney's Docket No: 71474.010200

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: :
Steven Leo SULLIVAN : Group Art Unit: 3644
 Serial No.: 10/734,216 : Examiner: **Stephen A. HOLZEN**
 Filed: December 15, 2003 : Confirmation No.: 8748
 For: **LANDING GEAR METHOD AND APPARATUS FOR BRAKING AND MANEUVERING**

AMENDMENT TRANSMITTAL

Total Pages: 12

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

CERTIFICATE OF FACSIMILE TRANSMISSION
 I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING
 TRANSMITTED VIA FACSIMILE TRANSMISSION TO THE UNITED
 STATES PATENT AND TRADEMARK OFFICE AT (71) 273-8300
 ON October 12, 2005
 BY Sandra Ferony
 SANDRA FERONY

Sir:

1. Transmitted herewith is a Response to Communication mailed May 12, 2005, in the referenced application.

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2. **EXTENSION OF TIME**

The proceedings herein are for a patent application and the provisions of 37 C.F.R. § 1.136(a) apply.

☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that Applicant has inadvertently overlooked the need for a petition and fee for extension of time.

☒ Applicant petitions for an extension of time, the fees for which are set out in 37 C.F.R. § 1.17(a)-(d), for the total number of months checked below:

Total Months Requested	Fee for Extension	Fee for Small Entity
<input type="checkbox"/> one month	\$120.00	\$ 60.00
<input type="checkbox"/> two months	\$450.00	\$225.00
<input type="checkbox"/> three months	\$1,020.00	\$510.00
<input checked="" type="checkbox"/> four months	\$1,590.00	\$795.00

☒ Extension of time fee due with this request: \$795.00

☒ If an extension of time is required, please consider this a Petition therefor.

☐ An extension for ___ months has already been secured and the fee paid therefor of \$___ is deduced from the total fee due for the total months of extension now requested.

3. **Fee Calculation**

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3. Fee Calculation

	Claims Remaining After Amendment		Highest No. Previously Paid	Present Extra	At Rate Of	Total Fees
Total Claims	21	Minus	21	0	x \$100.00 each =	+\$ 00.00
Independent Claims	1	Minus	3	0	X \$25.00 each =	+\$ 00.00
First presentation of multiple dependent claim(s)					\$ 180.00	+\$ 00.00
SUB-TOTAL =						\$ 00.00
TOTAL FEE =						\$ 00.00

4. Fee Payment

- ☒ No extra claim fee is to be paid at this time.
- ☐ A check for \$_____ to cover the extension fees is enclosed.
- ☐ The Commissioner is hereby authorized to charge \$_____ to Deposit Account No. 50-0653.

☒ The Commissioner is also hereby authorized to charge any additional fees associated with this paper, or credit any overpayment to Deposit Account No. 50-0653.

Respectfully submitted,

Date: October 12, 2005

By:

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